

2016-11-01

Engaging parents with sex and relationship education: A UK primary school case study

Aldred, P

<http://hdl.handle.net/10026.1/13060>

10.1177/0017896916634114

Health Education Journal

Sage

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

Engaging parents with sex and relationship education: A UK primary school case study

Pam Aldred^a, Nick Fox^b and Robert Kulpa^c

^aDepartment of Clinical Sciences, Brunel University London, London, UK

^bSchool of Health and Related Research (SchARR), The University of Sheffield, Sheffield, UK

^cIndependent Scholar, London, UK

Abstract

Objective: To assess an intervention to familiarise parents with children's books for use in primary (5–11 years) sex and relationship education (SRE) classes.

Method: Case study of a 7-week programme in one London primary school, using ethnographic observation, semi-structured interviews and focus groups with parents ($n = 7$) and key stakeholders ($n = 4$), and pre- and post-programme self-completion questionnaires ($n = 9$).

Results: Parents reported increased understanding of the SRE curriculum and awareness of relevant children's books, enhanced interactions with their children on SRE topics and some positive effects on partners and attitudes towards the school. There was increased confidence in addressing issues in the SRE curriculum for parents of 8- to 10-year-olds, although reduced confidence for one mother.

Conclusions: Familiarising parents with materials has the potential to enhance SRE, by improving coherence between educators' and parents' messages to children about sex and relationships, increased discussion of SRE topics in parent–child conversations and reduced parental anxiety about topics such as sexual orientation. Future challenges of involving fathers, scalability and sustainability highlight the dilemma of how best to enable parental choice or make equalities interventions.

Keywords

Children, England, parents, primary education, sex and relationship education, sex education

Corresponding author:

Pam Aldred, Department of Clinical Sciences, Brunel University London, Uxbridge, London UB8 3PH, UK.

Email: Pam.Aldred@brunel.ac.uk

Introduction

Promoting Sex and Relationship Education (SRE) in the primary phase (4–11 years) can improve pupils' sexual health, wellbeing, social skills and emotional skills. It may improve understanding of contraception, sexually transmitted infections (STIs), what to expect in relationships and what it means to be a parent (Lewis and Knijn, 2002: 670) and can increase confidence to resist cultural pressures around sexuality, sexual behaviour and gender expression (Allred, 2007; Allen, 2011; Fine and McClelland, 2006; Kehily, 2002; Nayak and Kehily, 2013).

There is international (Goldman, 2014) and cross-disciplinary agreement (McKee et al., 2010) about the need for sexual health education for children, and in the UK, there is now consensus among educational and health education professionals that sexualities education¹ should be statutory from age 5 onwards (Sex Education Forum, 2015).² However, as a subject SRE is currently still unique in allowing parents to remove their children from lessons in England and Wales (Monk, 1998: 245). In the context of this parental right, research has found teacher anxiety that parents may be hostile to or critical of the curriculum, or that classroom discussions could extend into areas where they could be accused of not delivering 'age appropriate' material (Allred et al., 2003). However, it has also been noted that teachers and policymakers overestimate parental opposition to SRE and that critical rather than supportive parent voices tend to be heard (Eisenberg et al., 2007: 358). In fact, abstinence-only programmes do not have the parental support that policymakers presume (Ito et al., 2006).

Parents have a key role to play in SRE (Rosenthal and Feldman, 1999; Turnbull et al., 2008), while UK education policy guidance since 2000 has stipulated parental and/or community involvement with the school SRE curriculum (Department for Education and Skills (DfES), 2001), and that this should reflect the values of the local community and parents – notably not stipulating that the views or values of pupils need to be reflected (Allred and David, 2007). However, Buston et al. (2001) found that very few parents in the schools they surveyed engaged with staff about sex education, even when invited (p. 361). Turnbull et al.'s (2008) review of literature found that children and young people wanted to learn about sexual matters from their parents, and while parents wanted to talk to their children about topics related to sexual behaviours, they felt embarrassed or uncomfortable and had neither skills nor knowledge to do so.

Within this context, this paper reports on an intervention by the London Borough of Hillingdon's Healthy Schools programme to increase engagement between parents, children and schools in SRE and Personal, Social and Health Education (PSHE) during the primary phase of child education. The Pre-View³ programme aims to enhance parental confidence and knowledge of SRE, by providing – in conjunction with the Schools Library Service – opportunities and supportive conditions for participating parents to both suggest and review children's books and materials that may support the SRE curriculum for different year groups. Parents select and review books and discuss the issues these raise in weekly 1-hour groups of up to 10 parents, facilitated by a health promotion advisor or specialist health educator or trainer. The programme is therefore delivered by an outside agency, with the aim of school staff delivering future programmes independently. Parents can discuss issues regarding children's needs, learning, awareness and values related to families and relationships, both to enable parents to learn about the SRE curriculum and to gain confidence to discuss these issues with their children. By 2012, Pre-View groups had been run in six primary schools in this borough.

The study reported here used the Pre-View programme as a case study to explore whether and in what ways the engagement of parents of primary phase children with SRE might be enhanced by a specific intervention. Between March and May 2013, we researched a 7-week presentation of the Pre-View programme in a primary school (anonymised here as 'Waverley School') that had run

the programme successfully 2 years previously. Could the programme increase the confidence and familiarity of parents with the SRE materials used by their children and thereby improve communication around sex and relationship issues between children and parents?

Methods

Setting and sample

Waverley School is a one form entry' (fewer than 30 children per year) primary school in suburban London, teaching 240 children aged 3–11 years, with a good reputation in both the local community and national media surveys of primary schools. It was selected as a case study because of its comprehensive approach to SRE, as identified during an internal evaluation by the Pre-View delivery team. An invitation letter to all parents and 'school gate' personal approaches from the head teacher led to the recruitment of seven parents to participate in the Pre-View series of meetings, while two parents from the school's governing body also attended. All participants were women and all but one was white, with two of non-UK European origins. All presented themselves as heterosexual and in two parent families.

The Pre-View programme held at Waverley comprised seven 1-hour meetings, facilitated by a health promotion advisor from the Borough's Healthy Schools team, with a representative of the School governors also in attendance. These were held in the school's Community Room, a welcoming classroom style room with a table seating up to 10 adults. All nine participants were mothers and had one or two children in Key Stage 1 (ages 5–7 years) or 2 (ages 7–11 years). At the introductory meeting, the trainer facilitated a general discussion of the aims of SRE. During subsequent sessions, participants discussed books or materials used by the children in a specific year group and how these materials related to the objectives of the SRE curriculum. Participating parents completed reviews of 115 books during the programme and from this a recommended book list for children (and parents) was produced.

Research instruments

It was helpful to apply a range of qualitative and quantitative methods in order to provide depth of analysis of the specific case and its context (Troman, 1999: 34). Not all those involved in the programme participated in each method. Numbers of respondents for each are reported below.

Observation. The research officer (R.K.) observed all the meetings and took field notes of participants' behaviour, verbal and non-verbal responses to the topics and so on. Because this method spanned the entire programme of Pre-View meetings at Waverley School, it provided insights into how the parents' attitudes changed as the programme proceeded. This helped to understand the evolution of parents' attitudes, and thus better understand the effectiveness and limitations of the Pre-View programme. It also offered a critical perspective on the training and insight into the rapport established between trainer and participants, and between participants and the head teacher and the SRE lead, respectively.

Interviews. Seven semi-structured (audio-taped) interviews were conducted with participating parents. This method sought to understand what parents liked and disliked about the programme, their opinions about its effectiveness and their insights about what could be done to improve it. Interviews with the head teacher, the chair of school governors, the Pre-View trainer and the Pre-View programme coordinator were also conducted to provide background information.

Focus groups. Audio-taped 'before' and 'after' (programme) focus groups with participating parents supplemented data from the interviews, enabling analysis of peer discourse among these parents and the school community. Since no school staff was present at these focus groups, the researchers could ask about the school and relationships with staff, and among parents.

Questionnaires. Participating parents completed pre-programme ($n=9$) and post-programme ($n=6$) questionnaires, which asked parents to rate their confidence on a three-point scale in relation to each topic area within the SRE curriculum for children in school Years 1–6 (e.g. topics such as 'differences between male and female', 'menstruation', 'worries about growing up'). These data aimed to reveal shifts in confidence in discussing SRE, familiarity with the topic, language and concepts and an increased awareness of the curriculum.

All methods were approved by the Research Ethics Committee of the School of Health Sciences and Social Care at Brunel University, UK.

Method of analysis

Field notes of the Pre-View meetings and interviews with key stakeholders informed an ethnographic account of the setting and programme's delivery. Audio-tapes of the interviews and focus groups were coded using the NVivo qualitative data analysis package to summarise the main issues raised in a number of themes. A narrative description of the findings was illustrated by extracts from the data.

Self-reports of respondents' confidence, on the pre- and post-programme questionnaires, were aggregated across items and reported using descriptive statistics and assessed for each pupil year group using a chi-squared statistic. However, small sample size means the study has low statistical power (Fox and Mathers, 1997), limiting its capacity to measure the programme's effects. For this reason, effects are primarily assessed by the qualitative data.

Findings

Ethnographic data

Observations and informal discussions with staff and participating parents indicate that Waverley School's demographic was overwhelmingly White British, secular, middle class, with a traditional household organisation (of 'breadwinner' fathers and 'homemaker' mothers). Consequently, all but one of the study participants was white. Ethnic and class make-up of the school's staff corresponded with these characteristics, and it was a gender imbalanced, predominantly feminised setting. As in many primary schools, men staff members were concentrated in senior roles, while the majority of junior and contact staff were women. The research team considered Waverley atypical in terms both of its small size and the head teacher's leadership on SRE and PSHE issues and the consequent status and priority accorded SRE. Both factors ensured a closer involvement between the head, the pupils, the staff team and probably the whole school community.

The head teacher and school literature presented the school as caring, liberal and progressive. The participating parents presented themselves as open-minded, declaring tolerant and pro-diversity attitudes, for example, 'not having any issues' with 'controversial' topics such as same-sex led families as was evidenced while discussing books during the programme. While it appears that the school's teaching staff had developed approaches to 'dealing' with 'controversial issues' when they arise (e.g. introducing the topic of same-sex relationships positively when

Table 1. Aggregated before and after scores for parental confidence in SRE curriculum topics.

Year	Items	Total 'very confident' self-reported scores				Change
		Before		After		%
		Total	%	Total	%	
1	8	70	97	40	100	+3
2	13	116	99	63	97	-2
3	18	154	95	77	86	-9
4	10	73	81	45	90	+9
5	11	74	75	55	100	+25
6	19	150	88	109	96	+8
Total	79	637	90	389	94	+4

SRE: Sex and Relationship Education.

prompted by the visit of 'two uncles'), this was not necessarily proactive. For example, the school did not have an anti-homophobic bullying strategy, although it did have one to tackle racism and faith-based discrimination.

The research team noted a slight discrepancy between the aims and objectives inscribed in the Pre-View project literature and its actual delivery. The espoused objective was to engage parents of different communities in a conversation about SRE, and it is argued that the programme gives space to parents to put forward their views on SRE through the discussion of books and hence to influence the schools' SRE curriculum delivery. We discerned a more directive approach during its delivery, which was less about reflecting and amplifying parental perspectives on SRE, and more about educational efforts to 'enhance' or change parents' understanding of SRE and influence and educate them into the values and attitudes of the approved SRE curriculum. Thus, a health promotion rather than community engagement or participative ethos sometimes prevailed, as reflected the origins of the programme and the borough's priorities. In addition, the intervention is designed to enable school staff to gain experience with the programme and confidence in order to run it in future, but intense time pressure on teaching staff meant that they were not able to attend as planned.

Questionnaires

Parents indicated their self-perceived confidence on a four-point ordinal scale before and after the programme, for each of the topic areas covered in the five years of the SRE curriculum. Table 1 summarises these data, summing the total numbers of 'very confident' or 'confident' scores (and percentages) for the entire participant group, for each year level, before and after the programme. Table 2 summarises year-based tests of significance comparing numbers of parents indicating they were very confident (as opposed to being slightly confident or not at all confident), pre- and post-programme. Fisher's exact test of significance was used to assess these 2×2 contingency tables.

There were improvements in confidence for items in the SRE curriculum in four of the six years and overall. Despite the very small numbers, these translate into significant changes for Years 5 and 6 and for all years combined. The reductions in Years 2 and 3 (significant for Year 3 materials) derived from one participant's ratings, who reported that she had overestimated her confidence before the programme and it had opened her eyes to the complexity of some of the issues covered in the SRE curriculum, leading her to downgrade her eventual confidence.

Table 2. Fisher's exact test of significance of pre- versus post-programme parental confidence in SRE curriculum topics.

Year	P value
1	$P=0.55$ NS
2	$P=1.00$ NS
3	$P=0.003^*$
4	$P=0.25$ NS
5	$P=0.0001$
6	$P=0.03$
Total	$P=0.02$

SRE: Sex and Relationship Education.

*Decrease in confidence following the Pre-View programme.

Focus groups and interviews

Qualitative data provided insights into the perceived effects that the Pre-View meetings had upon the participants themselves, upon their relationships with their children in matters associated with sex and relationships, upon their partners and their partners' relations with their children and upon the school and its provision of SRE. We also looked at participating parents' expectations about the programme, where these were met and in what ways they fell short or the programme could be improved.

Impact on participants. Participants considered that the Pre-View programme had had a number of effects on them. One effect was to clarify the extent of SRE. Parent 1 commented that she 'had no idea it covered such a broad range of topics, or that there were so many books available', while for parent 4, it had been

... extremely useful. I was sceptical and scared a little, and I was even thinking about withdrawing my kids from SRE, but [Pre-View] put me at ease. I understood what's it all about, and actually I was surprised that it [SRE] was much more everyday than I thought.

For another parent too, participation in the programme had had a profound effect on her willingness to allow her child to attend SRE:

I have to say in the past when I heard [child's name] talking about sex and relationships [education], I even thought of talking to [head teacher] when my child is in year 3 or 4 and asking to remove him from the programme, but obviously it's completely different from what I thought ... it was scary before but it's much more gentle. There's still a small gap [in knowledge] because I'm not sure what they're being taught in year 6 and if I would agree with all that ... (Focus group participant)

The programme had provided parent 4 with the opportunity to 'find out as much as possible about what is taught in the school about sex and relationships'. Parent 2 commented that she had discovered that some topics were discussed in more depth than she

I like the way information is pitched differently to different age groups, and how the school then says to parents: 'look, we gave you tools, now you've got a chance to talk to them about that, reflect your own opinions'.

For another parent, the programme gave insight into the range of books available:

I realised that there are probably more resources out there than I had used with that particular child, and now I have another [child] coming through [the school], I'll think oh yeah, I've got more places to go to now. (Focus group participant)

Some parents considered that the programme supplied a foretaste of issues that would arise as their children grew up:

It got me thinking about things I haven't thought of before, because they haven't arisen yet. It gave me insight into what's coming. (Parent 3)

We were talking [in the Pre-View meeting] yesterday about pornography, and we were saying that's for the older kids, but unfortunately it's not, is it? You can't just put a guiding line of 'that's for big kids' or 'little kids' ... Some are going to encounter it much earlier than we would [like] ... so it's hard to put that barrier up. (Focus group participant)

Other impacts mentioned by parents included the provision of a chance to meet and talk to other parents about sex and relationships issues and to explore the school library.

Impact on relationship with children. Some of the participants reported that attending the programme had affected their interactions with their children:

Confidence to talk about issues that, as parents, you know you are going to talk about these things, just a bit more understanding and how important it is to talk, and be up-front with your children ... They liked the fact that I've taken part in it, and I'd like to think they'll feel more comfortable coming to talk to me about things. (Focus group participant)

Pre-View had led some parents to rethink their own strategies for talking to their children about sex and relationships:

The programme made us think how we treat the subject, made us realise that kids are growing up faster than you expect. (Parent 6)

It's made me think 'when is the appropriate time to open up discussions?'. It was always my intention to have the discussion with her before the school did. I don't want her to find out in the playground ... Take the example about starting her periods and I was of the view that discussion would take place next year at the end of year 5, but I believe in year 4, [the school teaches about] puberty and personal hygiene. I don't want her to be freaked out by it. So it has made me think, bring that a little bit forward. (Parent 7)

Because parents were reading books for the Pre-View programme, this had a knock-on effect upon interactions with their children. Parent 2 had found this a good way to stimulate discussions with her children:

Books are great for feeding information. They can be left on the shelf and got back to it a few months later. ... Books can have different layers. So if you have a younger child you can read a book on one level appropriate [for a child], and with the older one, you can engage in slightly different level, get something different out of it. I've done it.

Parent 1 said her children had asked what they discussed at the meetings, and she had been able to read some of the books with her daughter and seek her opinion. She had also used it as a way into discussing issues with her son:

My son is 11, so he's about to go through many of the issues we have talked about. So it [Pre-View] was a good tool to talk to him about them, openly.

Impact on relationship with a partner. Taking part in the Pre-View programme also had some consequences for the partners (men) of the participants, in terms of their engagement:

My husband came in and found some quite weird books, and I found him on the sofa going 'ooh' ... and it did stimulate conversation within our family as a whole as the subject was raised anyway. Maybe [Pre-View] could be supplemented by an evening meeting when the other parent could come in and get a flavour of what is going on. (Focus group participant)

For parent 5, participation had led to a discussion with her husband, during which she realised he did not know some things she expected him to. They then discussed whether to tell their 6-year-old daughter about menstruation: she was in favour and he against. Some parents noted a specific impact on their partner:

Yes, he was interested in what age you talk with kids about different stuff, and he was interested in different lessons that [teacher] talked about. It's been a learning curve for him – it's been a learning curve for all of us ... my daughter reads to him, we are taking turns, when she wants to read to us, but he didn't read any of the actual books, but had a little flick through. (Parent 1)

I've spoken to my husband and [my daughter] thinks he's more open now, and that he listened to her and held some conversation with boys that perhaps he wouldn't do otherwise ... They read a book together that they wouldn't otherwise. (Parent 6)

However, other partners were less enthusiastic: Parent 3 reported that her husband was 'not much interested, though I didn't give him *much* option, to be honest'. However, she had discussed puberty with him as a consequence of the programme, and the father was now converting the loft into a bedroom, so their boy and girl children could start having separate rooms.

Parent 4 commented that fathers would benefit from the programme but felt that a one-off evening session was all her partner would attend. A focus group participant described how her in-laws had seen the books she had taken home to read and had commented that they thought the child was too young to be 'exposed' to such issues. 'It's a cultural thing, they don't realise that things now *have* to be discussed'.

Perceived impact on the school. Some parents reported what they perceived as a positive consequence for the school from running the Pre-View programme. For instance, Parent 1 said it showed 'that the school is really keen and has a wide approach' and felt it indicated that the school was open to parents' views. Parent 2 commented that,

From what [teacher] said, schools can coast this subject [SRE]. Schools can do 'this little lesson' and then can move on and do maths and so on. So it's good to see that the school has the approach 'let's take the bull by the horns' and really tackle these subjects.

Involvement in the programme made Parent 4 more aware of one aspect of the school – its library:

A clear communication should be that the library is also available for parents, not just children. Most parents would welcome it if the school pointed out directly that there are resources in their library, especially in that [SRE] area, for parents to get familiar with ... if I hadn't attended, I would definitely be curious and use this invitation to look and browse and get some ideas on what is taught. And there should be some recommendation list that would be helpful in identifying what books at what level is used ...

By contrast, Parent 3 commented that she had been pleased the programme had been run by an outside agency, arguing that 'you don't want to talk about some things to authority or the school'.

Discussion

The qualitative and quantitative data reported here suggest some positive effects to be derived from increasing parents' familiarity with the SRE curriculum delivered to their primary phase children. These included the following:

- Transparency about what was taught;
- Increasing trust in the school's approach, allaying anxieties and potentially reducing parental removal of children from this component of the curriculum;
- Stimulating and improving communication about SRE themes at home, both between parents and children and among parents;
- Improving health literacy among some parents;
- Enhancing parental understanding of ways to discuss sex and relationships with their children and confidence about doing so (although the quantitative analysis of perceived confidence also indicated that the programme had the potential to produce a 'reality-check' on misplaced confidence);
- Increasing recognition of the value of books for parent-child learning, and providing a wider agenda for discussion when parents and children read together;
- Enabling parents to alter their views about SRE as a result of engaging with the curriculum/resources;
- Increasing parental support for SRE in primary school;
- Increasing recognition of the relevance of discussion of relationships, attraction, reproduction and sexual orientation in the primary phase;
- Giving parents a say in the school's teaching, and potentially influencing the values it promotes; and
- Increasing the school's confidence in delivering SRE when they have support from parents and are using parent-reviewed resources in the classroom.

That parent participation in sexual education training can positively influence family communication and parent-child relationships echoes findings from larger scale studies (e.g. Wright and Wooden, 2012), but there also appeared to be an effect of instilling in parents the values and attitudes of the SRE curriculum. Together with these other benefits, this may generate greater acceptance and openness of attitudes in regard to SRE, in turn benefiting SRE among children by reducing withdrawals from SRE classes.

An innovative aspect of the Pre-View intervention was that it established a learning framework that brings together disparate SRE/PSHE stakeholders: children, teachers, parents, the school

nurse, the school library and the Borough Library Services. Comments by parents reported here suggest the potential for increased use of the library resource by teachers and parents. In relation to both the Borough's Healthy Schools initiative and its Library Service, linking resources at local authority level to individual schools offered a good model with the potential to increase awareness among school staff of these resources, and awareness among and hence demand from parents. While these stakeholders have different agendas, the Pre-View programme has the potential to forge a more holistic and connected approach to SRE.

However, it is important to highlight the challenges regarding equalities and gender stereotyping, scalability and sustainability raised by this case study. We noted difficulties in recruiting participants, which ultimately depended on school gate encounters between the head teacher and selected parents/carers. This undoubtedly skewed recruitment towards 'amenable' parents, and primary carers who did the school drop-off were expected (by staff) to be interested/supportive. In this case, it resulted in all participants at Waverley being women and of these primary carer participants, only heterosexually partnered ones. Although Pre-View was aimed at 'parents', the specific parents participating reported that their male partners had limited interest in the Pre-View topics. Our findings indicated a gendered division of labour around SRE in the home: male parents more often talking with sons and female parents mostly with daughters. The Pre-View programme therefore risks yet again laying the burden of action to improve sexual knowledge and thereby avoid negative consequences such as unplanned pregnancy and STIs upon women's and girls' shoulders. This stereotypical gender role association may hinder the effectiveness and potential of this kind of intervention, and we would see reshaping the approach to challenge this gender dynamic as a priority, in order to tailor more robust and precise engagement strategies. This includes considering how and when the meetings take place, and in what format, and possibly proactively targeting male parents/carers for involvement, possibly within a separate group, which may be more attractive to some men. Raising the status accorded to SRE (Alldred and David, 2007) and PSHE (McNess et al., 2003) may well also enhance take-up. Furthermore, the initial publicity around any SRE curriculum or parent involvement strategy should ensure it is explicit in its inclusivity so that non-heterosexual parents do not self-exclude or feel they have to champion issues personally.

Wooden and Anderson (2012) also found that despite parents' widespread enthusiasm, getting more than a small fraction of parents actively involved is a major challenge and suggest a more collaborative approach might have greater appeal. This is an admirable approach but is probably more ambitious than most primary schools in England are likely to tackle under current curriculum pressures.

More profoundly, the participative nature of the Pre-View intervention (let alone any more collaborative approach) exists in tension with the equalities agenda we would wish such a scheme to foreground. This is a familiar tension in research that seeks to hear people's views, yet has a social justice agenda. For instance, peer education approaches to 'early' pregnancy might be popular with students but not necessarily deliver the message intended by policymakers (Kidger, 2004); and collaborations with parents might well help reduce risky sexual behaviours (Kirby, 2007; Kirby and Lepore, 2007), but highly successful sexual health education that is parent-led (not just participative) might hand over the agenda with variable outcomes regarding equalities messages (Wooden and Anderson, 2012).

This is not surprising in the English context, where current SRE policy has schools answerable to parents' views about what should be covered. This feature of education policy meant that the value certainty frequently seen in health promotion was sacrificed first to an individual school's SRE policy and hence values, and second to Pre-View's methodology, by which books were

selected according to parental preferences. Given that a health promotion professional or sex educator should have mind to equalities legislation, the professional consensus for comprehensive SRE and (we hope) a commitment to challenging the heteronormativity of most primary schools, we would expect them to challenge normative assumptions expressed by parents. If the aim of SRE is to educate for social justice (ref withheld), then there is something disingenuous about parent-led selection of books.

The recruitment of a self-selecting parent group poses broader issues of scalability. Many of the parents who participated in this case study were already engaged in various activities within the school and were thus sympathetic to the school's ethos. The interviews indicated that most described themselves as 'open-minded' and most were positively curious about the project and about SRE and had a high level of trust in the school, although our findings showed that even among this group of parents, some had considered withdrawing their children from SRE classes, which was surprising given their other statements about their values. Parents who were informed by more conservative ethics regarding SRE, and may be more likely to question this part of the curriculum, were not well represented in this cohort of participants. This is the group that might benefit most from open discussion and the informal educational strategies that Pre-View espouses. On the other hand, this is the group we might like to see educated towards our values rather than influencing their school's curriculum.

Furthermore, Waverley School is a largely middle class, predominantly white school—one that is thriving and has an effective leadership team who are popular with parents, according to a recent parent survey. Given their active coverage of SRE, it might be expected to be an 'easy' target school. However, even here it was not easy to recruit sufficient parents to form a group. A cohort of nine barely scratches the surface of the parent population at a primary school, making it hard to see how the programme as currently configured can have much impact on children's SRE or *sequelae* such as 'reducing teenage pregnancy or STIs' as the local authority was tasked. If there is a cascade effect among parents of a particular school community, this is hard to evidence. In terms of sustainability, this kind of intervention is resource-intensive, requiring input from a trained facilitator from the Borough's Healthy Schools project, at risk of cutbacks in a time of austerity in public sector services. Whilst the original intention of the Pre-View programme had been for school staff to co-facilitate and thus be able to lead subsequent groups, we found no evidence for this having worked at the previous pilot schools. The programme had not been run by the schools in the year after local authority support. The expected logic of embedding in schools was perhaps undercut by resource pressures, but perhaps confidence was not transferred to produce 'ownership' by staff.

We suggest that these problems of self-selection, scalability and sustainability might partly be addressed by combining the meeting series with supporting strategies to achieve a 'snowball' effect: parents participating in the Pre-View meetings could be engaged in becoming active advocates and champions of SRE/PSHE, alongside teachers, the school library and school nurse. Achieving this could include formalising the cascading educational effect of informal discussions and exchanges already taking place informally between participating and other parents at the school gate or within the neighbourhood, for example, by recommending specific books or encouraging greater use of the school library. Specific snowballing activities such as inviting ticks on a survey for parents or in a 'choose a book' for your child's class activity might engage parents who do not wish to or have time to complete a whole survey/worksheet or attend a programme. In addition, a school might organise a follow-up school-wide parents' evening, where the books used in SRE could be displayed, participating parents could share their experiences, and the Pre-View trainer and participants could answer parents' questions. These cascading activities would become

an integral part of the programme, to frame the Pre-View meetings (perhaps conducted annually in each school) within a continuous strategy to promote and embed a school's SRE curriculum. They would raise the status and importance of SRE within the school, potentially reducing withdrawals of children from SRE.

Both the informal cascading from participants to other parents, or championing SRE and the parents' meeting after the programme to extend its reach, were on the agenda for the pilot schools but fell through due to lack of coordination or prioritising once the health promotion advisor had left the school. Thus staff had not managed to take ownership of it enough to see through the programme to this wider impact and therefore seem unlikely to be embedding it and running it independently the following year. One suggestion is that, akin to the volunteering of medical students to deliver sexual health advice in deprived communities or among specific minority groups, trainee teachers or health promotion students might be asked to co-facilitate such projects in partnership with a trusted member of staff or preferably several of them. However, the partnership and the confidence of permanent school staff is crucial, as we also found in previous SRE research (Allred and David, 2007).

Conclusion

Increasing parents' understanding of a school's SRE curriculum and trust in a school's approach to SRE, allaying anxieties, encouraging child/parent reading and related discussion of relevant books, increasing use of a school library, and encouraging discussion between parents about SRE in the home, are all valuable aspirations. All may reduce the withdrawal of children from SRE classes and perhaps – in the longer-term – contribute to improved sexual health and reducing unplanned teenage pregnancy. Findings from this study suggest that the Pre-View approach to parental engagement with SRE/PHSE offers an interesting and promising approach to supporting the SRE curriculum that delivers on these objectives, albeit in a modest way. This approach is also innovative in drawing parents, SRE teachers and library and health services together in a shared project.

However, the study also revealed limitations to the approach: the small numbers of parents involved, their self-selection, the under-representation of male parents/carers, and its scalability. It is possible that this study underestimated the immediate and ongoing future impact of the Pre-View programme that may result from informal cascading from participants through discussions with their children, partners, other parents at that school or locally. We have made some suggestions that could address these issues and that may assist Pre-View to deliver on its short- and long-term objectives. The key developments we would urge in future work are explicit agreement on a robust equalities and anti-normative framework within which parent selections can be made, and insistence that schools nominate core staff to co-facilitate Pre-View programmes in order that they gain the confidence to run the training in the future. Attempts to embed SRE will not succeed unless the topic and any intervention are given the status needed by dedicated and senior staff time and attention.

Acknowledgements

The borough Health Promotion team kindly shared their initial evaluation data and experiences with the researchers.

Funding

This study was supported by a grant from the London Borough of Hillingdon.

Notes

1. While in England and Wales, current discussion of the name for this area of the curriculum suggests that the term Relationship and Sexuality Education may replace Sex and Relationship Education (SRE) because it is seen as more palatable, our preferred term is Sexualities Education to remind listeners/readers of the diversity of sexualities and the responsibility of educators to represent this.
2. Primary phase SRE curricula have been developed by the Sex Education Forum (<http://www.sexeducationforum.org.uk>) and Christopher Winter Project (<http://www.tcwp.co.uk>) for instance.
3. Pre-View stands for Parent Researched Education – Valuing Involvement, Empowerment and Wisdom.

References

- Alldred P (2007) Teenage pregnancy strategy: Local partners' views. Final report to the Teenage Pregnancy Strategic Board, London Borough of Hillingdon.
- Alldred P and David ME (2007) *'Get Real About Sex': The Politics and Practice of Sex Education*. Buckingham: Open University Press.
- Alldred P, David ME and Smith P (2003) Teachers' views of teaching sex education: Pedagogies and models of delivery. *Journal of Educational Enquiry* 4(1): 80–96.
- Allen L (2011) *Young People and Sexuality Education: Rethinking Key Debates*. Basingstoke: Palgrave Macmillan.
- Buston K, Wight D and Scott S (2001) Difficulty and diversity: The context and practice of sex education. *British Journal of Sociology of Education* 22(3): 353–368.
- Department for Education and Skills (DfES) (2001) *SRE and parents leaflet*. DfES 0706 2001, July. London: DfES.
- Eisenberg ME, Bernat DH, Bearinger LH, et al. (2007) Support for comprehensive sexuality education: Perspectives from parents of school-age youth. *Journal of Adolescent Health* 42(4): 352–359.
- Fine M and McClelland D (2006) Sexuality education and desire: Still missing after all these years. *Harvard Educational Review* 76(3): 297–338.
- Fox NJ and Mathers NJ (1997) Empowering research: Statistical power in general practice research. *Family Practice* 14(4): 324–329.
- Goldman J (2014) UNESCO's guidance on puberty and sexual health education for students aged 9–12 years compared to an upper primary school curriculum. *Health Education Journal* 74(3): 340–350.
- Ito KE, Gizlice Z, Owen-O'Dowd J, et al. (2006) Parent opinion of sexuality education in a state with mandated abstinence education: Does policy match parental preference? *Journal of Adolescent Health* 39(5): 634–641.
- Kehily MJ (2002) *Sexuality, Gender and Schooling: Shifting Agenda in Social Learning*. London: Routledge.
- Kidger J (2004) Including young mothers: Limitations to New Labour's strategy for supporting teenage parents. *Critical Social Policy* 24(3): 291–311.
- Kirby D (2007) *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
- Kirby D and Lepore G (2007) *Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexually Transmitted Disease: Which Are Important? Which Can You Change?* Santa Cruz, CA: ETR Associates.
- Lewis J and Knijn T (2002) The politics of sex education policy in England and Wales and the Netherlands. *Journal of Social Policy* 31(4): 669–695.
- McKee A, Albury K, Dunne M, et al. (2010) Healthy sexual development: A multidisciplinary framework for research. *International Journal of Sexual Health* 22(1): 14–19.
- McNess E, Broadfoot P and Osborn M (2003) Is the effective compromising the affective? *British Educational Research Journal* 29(2): 243–257.
- Monk D (1998) Sex education and the problematization of teenage pregnancy: A genealogy of law and governance. *Social & Legal Studies* 7(2): 239–259.

- Nayak A and Kehily MJ (2013) *Gender, Youth and Culture: Young Masculinities and Femininities*. 2nd ed. Basingstoke: Palgrave Macmillan.
- Rosenthal DA and Feldman S (1999) The importance of importance: Adolescents' perceptions of parental communication about sexuality. *Journal of Adolescence* 22: 835–851.
- Sex Education Forum (2015) *SRE – The Evidence*. London: National Children's Bureau. Available at: <http://www.sexeducationforum.org.uk/evidence.aspx> (accessed 5 August 2015).
- Troman G (1999) Researching primary teachers' work: Examining theory, policy and practice through interactionist ethnography. In: Hammersley M (ed.) *Researching School Experience: Ethnographic Studies of Teaching and Learning*. London: Falmer Press, pp. 33–50.
- Turnbull T, van Wersch A and van Schaik P (2008) A review of parental involvement in sex education: The role for effective communication in British families. *Health Education Journal* 67: 182–195.
- Wooden C and Anderson F (2012) Engaging parents in reproductive health education: Lessons learned implementing a parent designed, peer-led educational model for parents of preteens. *American Journal of Sexualities Education* 7(4): 461–473.
- Wright KN and Wooden C (2012) A qualitative assessment of a parent-developed, parent-run program to prevent teenage pregnancy. *Journal of Human Behavior in the Social Environment* 22(1): 85–100.